

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SKDKnickerbocker			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2014		
Mailing Address 1150 18th St NW Ste 800			Amount 15524.94		
City Washington	State DC	Zip Code 20036-3845	Transaction ID : VN7GB9S5PY7		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Scott Brown		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		317831.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee SKDKnickerbocker			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2014		
Mailing Address 1150 18th St NW Ste 800			Amount 1396.69		
City Washington	State DC	Zip Code 20036-3845	Transaction ID : VN7GB9S5PZ5		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Scott Brown		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		317831.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16921.63
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY
04 / 25 / 2014

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 199952.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9S5MT2
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Scott Brown		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 100958.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9S5PX9
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Scott Brown		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	300910.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	317831.63

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Rebecca Lambe

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